

**STATE BOARD OF HEALTH
DRAFT MINUTES**

June 18, 2010
9:00 a.m.

**Legislative Building
401 S. Carson Street
Room #2134
Carson City, Nevada**

**Grant Sawyer Building
555 E. Washington Ave.
Room #4412
Las Vegas, Nevada**

BOARD MEMBERS PRESENT:

Edwin Homansky, MD (Las Vegas)
Frances Barron, Chairperson (Las Vegas)
Monica Ponce, DDS (Las Vegas)
Lubna Ahmad, MD (Las Vegas)
Randy Schaefer (Las Vegas)
Roger Works, DVM (Carson City)

BOARD MEMBERS NOT PRESENT:

Joan Anjum, RN

HEALTH DIVISION STAFF PRESENT:

Cathy Robinson, Program Officer, Bureau of Child, Family and Community Wellness
Chad Westom, Health Facilities Surveyor, Bureau of Health Care Quality and Compliance
Cindy Pyzel, Chief Deputy Attorney General, Office of the Attorney General
Deborah Aquino, Health Program Manager, Bureau of Child, Family and Community Wellness
Deborah Harris, Chief, Bureau of Child, Family and Community Wellness
Don Sampson, Health Facilities Surveyor, Bureau of Health Care Quality and Compliance
Fergus Laughridge, Emergency Medical Services Program Manager
Fergus Laughridge, Program Manager, Emergency Medical Systems
Giovanna Santovito-Carducci, Health Program Specialist, Bureau of Health Care Quality and Compliance
Janet Osalvo, Executive Assistant, Nevada State Health Division
Jay Kvam, Biostatistician, Bureau of Health Care Quality and Compliance
Jennifer Dunaway, Health Program Manager, Bureau of Health Statistics, Planning and Emergency Response
Jeremy Blower, Clinical Program Planner, Early Intervention Services
Joe Pollock, Public Health Engineer, Frontier and Rural Health Services Program
Leticia Metherell, Health Facilities Surveyor, Bureau of Health Care Quality and Compliance
Luana Ritch, Chief, Bureau of Health Statistics, Planning & Emergency Response
Marena Works, Director, Carson City Health and Human Services
Marla McDade Williams, Deputy Administrator, Nevada State Health Division
Martha Framsted, Public Information Officer, Nevada State Health Division
Patricia Chambers, Health Facilities Surveyor, Bureau of Health Statistics, Planning & Emergency Response
Paul Shubert, Health Facilities Surveyor, Bureau of Health Care Quality and Compliance
Richard Fenlason, Emergency Medical Services Representative
Richard Whitley, MS, Secretary, State Board of Health, Administrator, Nevada State Health Division
Tim Hogenson, Environmental Health Specialist, Frontier and Rural Health Services Program
Tracey D. Green, MD, State Health Officer

ADDITIONAL TESTIMONY PRESENTED BY:

Brooke Wong, Nevada Academy of Family Physicians
Danielle Stevens, American Lung Association
Denise Wiley
Dr. Boris Volshteyn, Sierra Plastic Surgery
Dr. Harold Cook, Administrator, Division of Mental Health and Developmental Services
Dr. Sher Todd, Operation Tobacco Free Nevada/Tobacco Free Babies Project
Edmond Miller, Wabuska Bar
Gerald Cornell, Wabuska Bar
Glenn Savage, Director, Environmental Health, Southern Nevada Health District
Harvey Steinberg, Smoke Free Gaming
Harvey Steinburg, Attorney
Jim Wadhams, Jones Vargass
Karen Conant, Manager, Women's Care
Kathleen Kelly, Executive Director, Nevada State Board of Dental Examiners
Lane Smith, Las Vegas Plastic Surgeon Society

Larry Matheis, Executive Director, Nevada State Medical Association
Louise Martin, American Lung Association
Mark Glyman, MD, DDS
Mary Anderson, MD, MPH, District Health Officer, Washoe County Health District
Michael Hackett, American Cancer Society Cancer Action Network
Sean Higgins, Herbst Gaming
Stephanie Steinberg, Smoke Free Gaming
Teresa Price
Tom McCoy, American Cancer Society
Van Heffner, President and CEO, Nevada Hotel and Lodging Association

OTHERS PRESENT:

Ben Kieckhefer, Public Information Officer, Department of Health and Human Services
Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District

Allison Moser, American Lung Association
Amy Beaulieu
Barry Wicklund, Angel Prestige, LLC
Casey Snyder, Wendover Ambulance
Craig Cartright
Debbie Young, Walter Hoving Home
Diana Cabrera, Teens Against Tobacco Use (TATU)
Jane Gram
Jeanette Belz, JK Belz and Associates
Jennifer Sizemore, Southern Nevada Health District
Jim Wadhams, Jones Vargas
Kaylene Operman, Digestive Health Center
Lisa Sheretz, American Lung Association
Mandy Canales, UNSOM
Marena Works, Carson City Health and Human Services
Michael Alonso, Herbst Gaming
Morgan Wortnam, American Lung Association
Noulette Mack
Patricia Noll, Palms at Siena
Richard Davis
Ron Aronsohn, Blue Ox Tavern
Russell Rowe, Capitol Company
Scott Craigie, American Cancer Society
Susan Lynch, Nevada State Medical Association
Tammy Jones, American Lung Association
Timothy Jay, NCRM
Trudy Italiano, Digestive Health Center

Alyson McCarthy, Channel 8
Ann Savin, VHS
Bob Sack, Washoe County Health District
Chris Myer
Debbie Rosse, Sweet Country Kitchen
Debra McArray, Digestive Health Center
Donald Dombrowski
Jason Belland, American Heart Association
Jennifer Cunningham, Nevada PEP
Jesse Smith, American Lung Association
Justin McVay, Golden Gaming, Inc.
Lea Tauchen, Retail Associates
Lynn Ann Homnich, Silver Sky Assisted Living
Marian Oak
Maureen Gresh, ALAC/The Arbors
Michelle Gorelow, March of Dimes
Norma Petersen, Sweet Country Kitchen
Pamela Finlay, Parkway
Rebecca Duly
Roger Sachs, Steiner's Pub & NTOA
Rota Rosaschi, Nevada Public Health Foundation
Sallie Becker, NTOA and Bomas
Stephen Stanko, American Heart Association
Susan Pintar, MD, Carson City Board of Health
Theresa Brushfield, Adult Care Connection
Todd Parmele, Golden Gaming, Inc.
Valerie Linke, Great Basin Imaging

Frances Barron, Chairperson, opened the meeting at 9:00 am. Ms. Barron indicated that the meeting was properly posted at the locations listed on the agenda in accordance with the Nevada Open Meeting Law.

1. Roll Call and approval of the minutes from the April 9, 2010 meeting.

Janet Osalvo, Executive Assistant, Nevada State Health Division, called roll and a quorum was established.

There were no additions, deletions or changes to the April 9, 2010 minutes:

MOTION: Dr. Works moved to approve the April 9, 2010 Board of Health meeting minutes as presented.
SECOND: Dr. Ahmad
PASSED: UNANIMOUSLY

2. Presentation to Jade Miller, DDS

Richard Whitley, Secretary, State Board of Health and Administrator, Nevada State Health Division, stated that Jade Miller, DDS, served on the State Board of Health as a member beginning October 2001, served four terms, ending in October 2008. Dr. Miller served as Chairman during the Hepatitis C outbreak. Mr. Whitley thanked Dr. Miller for his active role, leadership and support during that event which helped the Board appropriately respond with adoption of regulations. Mr. Whitley then presented Dr. Miller with a plaque of appreciation and a gift in honor of his service.

Dr. Miller stated his appreciation for the Health Division and fellow Board members. The Hepatitis C outbreak was an unfortunate event, however revealed the strengths of the Board and Health Division staff. Welcome to Dr. Ponce' and Mr. Schaefer. All individual's appointed to serve and represent state boards are assets for the safety, welfare and benefit of the citizens of Nevada.

Dr. Miller acknowledged the public for taking time to attend meetings. Public testimony sometimes assisted the Board in making a fair and balanced decision on some issues.

Dr. Miller then indicated that he planned to participate in future commitments representing the Nevada State Board of Dental Examiners, American Academy of Pediatric Dentistry and American Dental Association.

Ms. Barron stated that she enjoyed working with Dr. Miller on the State Board of Health and in his leadership role affording an example for other Board members.

3. Consent Agenda

Ms. Barron asked Board members whether consent agenda items number 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2I, 2J, 2K, 2L, 2M, 2N, 2O, 2P, or 2Q would need to be pulled from the consent agenda for further discussion.

There were no comments or questions:

MOTION: Dr. Homansky moved to approve consent agenda items numbered 2A through 2Q as presented.

SECOND: Dr. Works

PASSED: UNANIMOUSLY

COMMENT: Ms. Barron thanked all individuals who serve on State boards and commissions for providing valuable time and service for the citizens of Nevada.

4. Consideration and adoption of proposed regulation amendments to NAC 439, "Administration of Public Health," LCB File No. R086-08. This regulation is the Nevada Clean Indoor Air Act.

Joe Pollock, Program Manager, Staff 3 Professional Engineer, Frontier and Rural Health Program, indicated that the proposed regulation amendments address the following:

1. Requires the proprietor of an indoor place of employment to establish and implement policies and procedures to communicate that smoking tobacco is prohibited within the establishment
2. Requires that "No Smoking" signs be posted with contrasting colors, letters of at least two (2) inches in height or, must bear the international symbol of at least six (6) inches in diameter.
3. Requires that customers have smoke-free access to restrooms.
4. Requires health authority approval to modify an existing restaurant into a stand-alone bar, tavern or saloon and a physically segregated restaurant.
5. Allows the health authority to suspend or revoke any permit issued by it to an establishment that violates the provisions of NRS 202.2483.
6. Provides an appeal process to a person who has reason to believe that the action taken by the health authority is incorrect or based on inadequate knowledge.

Mr. Pollock stated that the following topics were discussed during the public workshop held on February 14, 2010:

- The American Cancer Society requested that section 8 require written policies and procedures to communicate that smoking tobacco in an indoor place of employment is not permitted. It is the opinion of staff that written policies and procedures are not necessary for most establishments since removing smoking paraphernalia and verbal communication to patrons is adequate.
- The American Cancer Society and Americans for Nonsmokers' Rights requested that section 11 be modified to require that an employee delivering food to a stand-alone bar, tavern or saloon not be allowed inside the facility. It is the opinion of staff that the choice to enter a smoking facility by a food delivery person should remain with the person.
- The American Cancer Society, American for Nonsmokers' Rights, American Lung Association, Michael Hackett and Smoke-Free Gaming all asked that section 12 be modified or removed to prevent the modification of an existing restaurant into a stand-alone bar, tavern or saloon with a physically segregated restaurant under the same roof or in the same building. There was some confusion regarding section 12. Section 12 would not allow smoking areas within a food establishment. The intent of this section is to ensure, through plan review, approval and inspection process, that a newly created stand-alone bar, saloon or tavern that was previously part of a food establishment truly be stand alone. Smoke infiltration into the food establishment portion of the building is not permitted and would be considered a violation of these regulations. Modification of restaurants with bars into physically segregated non-smoking restaurants and smoking bars has been occurring without the knowledge or approval of the health authority. In response to actions already taken by industry, section 12 would require health authority review and approval prior to the facility beginning construction and would ensure that food establishments remain free of smoke.
- The American Cancer Society and Michael Hackett requested that section 13 include additional penalties for violations of the Act. The American Cancer Society requested that a warning letter be issued for the first offense and a fine of \$100 for the second and any subsequent violations. Mr. Hackett requested that other licenses (i.e. business, liquor, gaming) issued by agencies other than the health authority be placed at risk when an establishment is in violation of the Act. It is the opinion of staff that revocation or suspension of the operating permit is a more effective deterrent than establishing of monetary fines. In addition, the Health Division does not have the statutory authority to revoke permits issued by other agencies.

Mr. Pollock requested the State Board of Health to approve proposed regulation amendments to NAC 439, as presented.

Glenn Savage, Director, Environmental Health, Southern Nevada Health District (SNHD), recommended the following change to section 8(1):

- In addition to the requirements that NRS 202.2483 the proprietor of an indoor place of employment shall establish and implement "written policies and procedures available to the health authority upon request that must include specific actions a proprietor or business would take to ensure compliance by employees and patrons and" to communicate the smoking tobacco in any form is prohibited within a proprietors indoor place of employment.

Mr. Savage also recommended the following change to section 11(2):

- An employee of a restaurant delivering food ordered by a patron packaged in a container designed to prevent contamination of the food during delivery to a patron "outside" of a stand alone bar, tavern or saloon for the patron's consumption inside the stand alone bar, tavern or saloon.

Mr. Savage gave a copy of his presentation to Ms. Barron.

Ms. Barron requested clarification of why SNHD recommended these changes.

Mr. Savage clarified for Ms. Barron that experience shows, written policies and procedures are more effective for compliance with food establishment employees. Employees delivering food to a smoking establishment would be effective if delivering the food outside.

Ms. Barron requested clarification why staff did not include the SNHD recommended changes from the workshops.

Mr. Pollock clarified for Ms. Barron that written policies and procedures were discussed and the Health Division felt written policies and procedures were not necessary since most food establishments are small with a simple policy of, "No Smoking." Sending inspectors into food establishments and ask for a written policy is too much work when it's simple not to allow smoking. It is felt that larger food establishments would have written policies and procedures, as part of standard operating procedures. The delivery person should not be subject to second hand smoke based on choice of employment. If the delivery person is under age 21, the individual would not be allowed in a stand alone bar, tavern or saloon. If the individual is 21 or older, it's a choice whether to go inside the establishment. Inspectors go inside smoking establishments whether they prefer smoking or not. Reasonably, the inspector could provide inspections outside the establishment. Staff felt the decision should be made by the delivery individual whether to deliver food inside or outside the establishment.

Dr. Homansky indicated there was a note in Board packets from an attorney stating he had not received notice of the workshops, and Dr. Homansky requested clarification of why the NCIAA proposed regulation amendments were discussed if in litigation.

Mr. Pollock indicated that notification was received that an attorney in Las Vegas claimed they were not notified however on or before May 19, 2010 the Notice of Public Hearing was published in the Las Vegas Review Journal, Reno Gazette and Elko Daily Free Press. In addition, the Notice was posted in all public libraries throughout the state and the Health Division website, Health Division location north and south, and mailed to all food establishment permit holders throughout the state.

Cindy Pyzel, Chief Deputy Attorney General, stated there was no litigation on the proposed regulation amendments, but on the law itself. The Health Division is required to present regulations consistent with the statutes. The Legislative Council Bureau found that these regulations are consistent with the statutes.

Stephanie Steinburg, Chairwoman, Smoke Free Gaming, indicated the organization, Smoke Free Gaming, is advocate for individuals working in smoke-filled environments. Most individuals working in smoke-filled environments were not allowed to voice concerns regarding second-hand smoke and health in the workplace. Ms. Steinburg talked about an individual that developed lung cancer from working in a smoke-filled workplace. Ms. Steinburg then asked the Board members to do the right thing for employees working in smoking establishments.

Teresa Price spoke in opposition of the proposed regulation amendments. Ms. Price stated that she was a victim of a smoking work environment and felt that as a service worker who has to work, she should have a choice whether the workplace allowed smoking. A smoker could always leave the establishment to smoke however a nonsmoking worker can't leave the workplace to avoid second-hand smoke in a smoking environment. The proposed regulation amendments would not progress the non-smoking efforts of the State, but would go back to before the NCIAA Initiative was voted for and legally implemented.

Tom McCoy, Director of Government Relations, National Cancer Society, spoke in opposition of the following sections:

- Section 8 would exempt an establishment without food service to allow smoking and food delivery. This practice would allow a bar to have food brought in.
- Section 12 would amend the Act. The Act mandates that bars must be located in a physically independent building. The word, segregated is not in the Act and would change the language.
- Section 13 states, the health authority may suspend or revoke any license.....the word may indicates the law wouldn't require appropriate enforcement.

Mr. McCoy requested the Board to disapprove the NCIAA proposed regulation amendments, as written.

Ms. Barron requested specific suggestions from Mr. McCoy.

Mr. McCoy indicated that he had attended the workshops and suggested specific language for consideration of inclusion into the proposed regulation amendments however the suggestions were not considered. The NCIAA states that bars and restaurants are in physically independent buildings. Section 12 of the proposed regulation amendments state, "segregated," and there is not a ventilation system in existence that would filter smoke and prevent smoke from entering a restaurant, not with adjoining doors that open and close. Additionally, replace the word, may with the word, shall in Section 13.

Harvey Steinburg, Attorney for, Smoke Free Gaming, spoke in opposition of Sections 11 and 12 of the proposed regulation amendments. Bar, tavern or saloon management would not allow restaurants to deliver food from an outside food establishment, but would offer patrons the ability to order from a restaurant that's part of the establishment. The establishment restaurant would service the bar. If the proposed regulation amendments were approved, there would be a smoking section in the bar and a non-smoking section which would revert back as before, having smoking and non-smoking sections within a food establishment. Mr. Steinburg indicated that he felt the intent of the regulation was omitted and asked the Board members to disapprove the proposed regulation amendments, as written.

Jim Wadhams, Jones Vargas, stated opposition of the language proposed by the SNHD in Section 8. The NCIAA initiative indicates that tavern owners would pay a fine if signs were not posted and ash trays were not removed from an establishment. Asking business owners to enforce the law would need more consideration. Another suggestion was to define ashtrays and smoking paraphernalia more clearly since ashes could be collected other than in an ashtray. Previous discussion on Section 11 concerning food service delivery in a stand-alone bar, tavern or saloon and the implication to allow food order delivery on the front porch was unreasonable. The issue was not whether an individual could eat where they smoke. The no-smoking initiative implied that the establishment could not serve food in a smoking establishment.

Sean Higgins, Herbst Gaming, stated concern regarding Section 8, whether an owner of an establishment could be ticketed if a customer was smoking in a non-smoking establishment, and suggested providing a more clear definition for the benefit of establishment owners.

Larry Matheis, Executive Director, Nevada State Medical Association, indicated that he was asked to present on behalf of the Nevada Tobacco Prevention Coalition. Nevada was actually responding to an epidemic that has hurt and killed Nevadans for generations. Nevada moved from being number one or two in lead for tobacco use, to number 15. That's because Nevada had tobacco programs however funding is now going away and the NCIAA was passed by Nevada's voters. That shows the will of the people and Nevadans really do care about their health. Mr. Mathis then spoke in opposition of Sections 11 and 12 and requested a more clear definition for those sections.

Van Heffner, President and CEO, Nevada Hotel and Lodging Association, requested that the Board disapprove the proposed regulation amendments and asked for an additional public workshop. Mr. Heffner indicated that he serves on the State Board of Medical Examiners.

Ms. Barron requested clarification from Mr. Heffner whether he had attended the previous workshop.

Mr. Heffner clarified for Ms. Barron that he was unable to attend the workshop since he was out of the country at that time.

- MOTION:** Mr. Schaefer moved to table consideration and adoption of proposed regulation amendments to NAC 439, "Administration of Public Health," LCB File No. R086-08, the Nevada Clean Indoor Air Act, until a workshop could take place with special emphasis on Sections 10, 12 and 13.
- SECOND:** Dr. Ponce'
- COMMENT:** Ms. Barron stated that another Board meeting would be scheduled in late August or September 2010 so the Board could hear this item after the public workshop is held.

There were no further comments or questions:

PASSED: UNANIMOUSLY

Dr. Works indicated there were nine individuals in Carson City wanting to speak concerning the proposed regulation amendments to NAC 439, the Nevada Clean Indoor Air Act. Individuals that would like to present concerning NAC 439 with different ideas were welcome. Dr. Works then recommended individuals with comments to attend the upcoming public workshop and provide input. The public workshops would take place in both northern and southern Nevada.

Danielle Stevens spoke in opposition of the proposed regulation amendments indicating that, as written, the proposed regulation amendments would allow for smoking and non-smoking sections in food establishments. For the past year Ms. Stevens was head volunteer for, Teams Against Tobacco Use Team at Wooster High School, with a mission to spread awareness of the harms of tobacco use in the community. As children become targets for tobacco use by tobacco companies, volunteers try to combat this by travelling to elementary and middle schools to teach and encourage students against smoking and dangers of second-hand smoke.

Michael Hackett, Consultant for the American Cancer Society Cancer Action Network and Campaign Manager for the NCIAA, spoke in opposition of the proposed regulation amendments concerning Sections 11, 12 and 13, and agreed with many of the statements made.

Edmond Miller indicated he felt individuals that moved into the State of Nevada out-voted the natives and the NCIAA was passed. Mr. Miller and his wife, Linda, own a small bar in Wabuska, Nevada. Wabuska is 11 miles in the country. The menu for the bar consists of hot dogs, hamburgers and frozen pizza. Wabuska has some ranch-hands and cowboys that like to come to the bar and have a cigarette and a beer with a menu item. The health department wrote Mr. Miller up, for allowing smoking and serving food in the bar. The health department told Mr. Miller he had to decide whether to serve food or allow smoking. If a customer is asked to smoke outside, they would leave and not come back, it's the law. The bar is Mr. and Mrs. Miller's only livelihood and they didn't understand why the casinos are allowed to operate with different rules concerning smoking.

Gerald Cornell, spoke on behalf of Mr. Miller indicating individuals not wanting exposure to smoke shouldn't have to however felt that the proposed regulation amendments were imposed against freedom. Individual's have a right to choose whether to smoke and obtain access to a smoking environment, regardless of health. Mr. Cornell requested that the proposed regulation amendments include the rights of a smoker.

Brook Long, Executive Director, Nevada Academy of Family Physicians, submitted her testimony, and indicated she would attend the public workshop to provide input into the proposed regulation amendments.

Louise Martin, Executive Director, American Lung Association and Dr. Sher Todd, Operation Tobacco Free Nevada/Tobacco Free Babies Project, spoke in opposition of the proposed regulation amendments, especially Section 12, as written. Ms. Martin and Dr. Todd plans to attend the public workshop.

Denise Wiley indicated that she was a nurse caring specifically for lung cancer patients. Third-hand smoke is the smell of residue from second-hand smoke. Children are extremely susceptible to third-hand smoke and children could have 17 times the amount of nicotine in their blood. The financial cost associated with tobacco use, mainly lung cancer is approximately \$125,000 for Chemotherapy or \$70,000 for Radiation treatment, per patient. These costs exclude any required lab work and hospitalization that could be required. Costs could easily reach the \$350,000 mark per patient. Ninety percent of lung cancer is caused by the effects of smoking. Ms. Wiley then spoke regarding a lung cancer patient who passed away.

Ms. Wiley asked the Board to consider the meaning of each word in the proposed regulation amendment prior to approval.

5. Consideration and adoption of proposed regulation amendments to NAC 441A, "Communicable Diseases," LCB File No. R179-09. This regulation includes revisions to NAC 449 regulating outpatient facilities.

Paul Shubert, Health Facilities Surveyor IV, Bureau of Health Care Quality and Compliance (BHCQC), indicated that these proposed regulation amendments were required by Nevada Revised Statutes (NRS) 449.435 through 449.448, which include, permits for services of general anesthesia, conscious sedation and deep sedation,

national accreditation and inspections of certain physicians' offices and facilities. These statutes were added to NRS by the 2009 legislature in Assembly Bill (AB) 123. The statutes require outpatient facilities wherein sedation is used, to become permitted by the BHCQC. The statutes also require outpatient facilities to become accredited by a nationally recognized accrediting organization approved by the State Board of Health. The State Board of Health is required to adopt regulations and carry out the provisions. These proposed regulation amendments include all aspects of the BHCQC oversight for outpatient facilities, the permit process, and administrative sanctions for noncompliance.

Mr. Shubert stated that the BHCQC staff met with stakeholder groups and drafted proposed regulation amendments. The proposed regulation amendments were mailed to all physicians and workshops were held in September 2009. Additional public comments were accepted following the workshops. Comments from the workshops included:

- Medical Quality asked to be added to the list of approved accrediting organizations.

Instead of listing certain organizations and endorsing private organizations within the regulations, a process was determined which mirrors the process for new organizations developed for the ambulatory surgery centers (ASCs). The difference for outpatient settings is that all of the accrediting organizations would need to go through an approval process with the State Board of Health in order to be put on the list of accrediting organizations. Only new organizations, not already recognized by the Board, must go through the approval process.

- The Nevada Health Care Association requested clarification of the exception discussed in NRS 449.441.

This was discussed with Legislative Counsel Bureau (LCB), the individual drafting the proposed regulation amendments, and it was determined not to attempt clarifying the statutory exemptions in regulation, but must instead allow the respective physician boards to determine whether a physician is administering medication only to relieve anxiety or pain that is not in a dosage sufficient to induce a controlled state of depressed consciousness similar to sedation.

- A physician stated concern that it may be cost prohibitive to be required to meet accreditation requirements.

The language in the statutes is clear, both a state permit is required and accreditation with a nationally recognized organization. This concern can only be addressed by the Legislature.

- Representatives of outpatient settings were concerned that surgeries performed in the absence of sedation, using topical or local anesthetic, would not be regulated.

The LCB individual assigned to draft the proposed regulation amendments was consulted, it was determined that the statutes did not provide authority to regulate facilities based on whether surgery is performed, but based on whether sedation is used. This concern could be addressed by the Legislature.

Mr. Shubert then defined the Errata submitted for inclusion in the proposed regulation amendments. Mr. Shubert then recommended the State Board of Health approve the proposed regulation amendments to NAC Chapter 449, LCB File No. R179-09 including the errata, as presented.

Lane Smith, Las Vegas Plastic Surgery Society, spoke in support of the proposed regulation amendments however requested clarification of whether a nationally accredited facility could also obtain a state license, and whether the cost of a single license could be shared in the case of more than one physician utilizing the same surgical facility.

Dr. Benjamin Rodriguez, plastic surgeon, indicated that he had foreseen many circumstances where conscious sedation was appropriate for very brief procedures in a physician's office. The proposed regulation amendments could force low cost procedures to increase substantially. Dr. Rodriguez stated that additional clarification was needed concerning conscious sedation vs deep sedation for those types of procedures.

Mark Glyman, MD, DDS, indicated that he was licensed in the State to provide medical and dental services. Dental colleagues providing oral surgery with the exact in-office procedures were exempt from these regulation requirements. Dentists obtain licensing from the State Board of Dentistry to provide anesthesia in-office. The dental board requires both site visits and licensure before a dentist can give anesthesia. The proposed regulation amendments require each profession to obtain another license and pay another \$7,500, and also obtain accreditation. However colleagues without the additional training and licensing are exempt from accreditation requirements and only need one license. Clearly the public isn't more at risk since the select group is already compliant with the regulations. Dr. Glyman asked the Board to recognize the State Board of Dentistry as a regulatory organization under subsection (1)(a)(4) as a nationally recognized organization for dentists.

Mr. Schaefer requested clarification from Mr. Rodriguez whether building modifications were required.

Mr. Rodriguez clarified for Mr. Schaefer that the proposed regulation amendments require an operating room (OR) of 20 X 20 foot or 400 square feet. The OR currently used was 17 X 19 foot. These requirements are based on safety and requires proof of OR adequacy. Having a nutrition center is also required and small offices cannot afford a nutrition center. Physicians feel safety could be accomplished without some of these additional requirements. Mr. Rodriguez indicated that was unable to pay for modification of the building at this time.

Mr. Mathias, stated that Assembly Bill (AB) 123 was a comprehensive state law that passed in wake of the Hepatitis C outbreak. The Nevada Medical Association (NMA) worked with the Legislature and Division staff to develop proposed regulation amendments in response to risks, so the outbreak never occurs again in Nevada. It may take some time for the community to adapt to the newly implemented laws. The NMA was willing to work with the Health Division to develop Questions and Answers (Q&A). If an office does not utilize conscious sedation, deep sedation or general anesthesia, the office would not require this type of license. There are exemptions from conscious sedation to be determined by the licensing boards. Communication need to be very clear among all entities. If a physician's office only uses conscious sedation for mild anxiety or immediate pain relief and needed exemption, who would determine the exemptions. Referrals could go to the licensing boards, then the boards and the Health Division would need to get together to develop a plan that anyone can understand. Another issue was accreditation. The Health Division website will have a list of accrediting agencies. It needs to be determined which accrediting bodies can be used and how long it would take. These questions may not need to be included in the proposed regulation amendments however need to be answered.

Dr. Homansky indicated that public workshops were held prior to final drafting of the proposed regulation amendments and the Board's role was not to provide a workshop. If there were unresolved issues stemming from the workshops, those issues need to be brought forward in a very objective manner to determine whether there was some discrepancy,

Dr. Homansky asked staff to specifically address issues concerning arbitrary size of an OR, issues concerning dentists and physicians, and whether these concerns were addressed in the public workshops.

Mr. Schubert indicated that there were no room size requirements in the proposed regulation amendments. However to obtain accreditation through an accrediting agency, there will be room size requirements depending on the service the facility is performing. The Health Division plans to work with the licensing boards and determine exemptions. The licensing boards are required to provide a list of physicians utilizing sedation in their practice. This list was provided, and the Health Division mailed to all physicians on the list that was provided. The Health Division will reconcile the list with the physicians that have applied, once the proposed regulation amendments are passed. The physicians who have not applied and are utilizing sedation, the Health Division will negotiate with the Board to determine whether the physician is exempt. Unfortunately some practices would choose to discontinue sedation. Since the accrediting agencies are not approved, this would be on a future agenda for hearing and consideration of approval by the State Board of Health. In the meanwhile, as long as an agency is making a good faith effort to become accredited, action would not be taken against that agency. If this process takes longer than the six months that's required and are making good faith effort to obtain accreditation, it's not the Health Division's intention to put them out of business. A dentist who is also a physician providing services under two licenses is not exempt because of licensed with another Board. If a dentist is licensed with the Board of Dentistry, that would not allow exemption from the requirements. Physicians that are licensed by the Board of Medical Examiners or Board of Osteopathic Medicine, and provide sedation, are regulated by the Health Division. Dentists providing sedation and are licensed by the Dental Examiners Board were also regulated by that board.

Ms. Barron requested clarification from Ms. Shubert whether Dr. Glyman who was already licensed under the Dental Examiners Board would be required to pay \$7,500 for additional license under the Health Division.

Mr. Shubert clarified for Ms. Barron that the law requires any physician providing sedation in office to be regulated by the Board of Medical Examiners and the Health Division.

Ms. Barron requested clarification whether a physician sharing an OR would share the cost of a single license, and whether outside accreditation fees were in lieu of the State certification fee.

Mr. Shubert clarified for Ms. Barron that the Health Division licenses facilities. A licensure fee would be paid per facility and could be shared. Both the facility permit and accreditation from a nationally recognized organization are required. The accrediting agency may have certain standards that the facility would follow.

Dr. Homansky requested the Health Division to communicate with other Boards and report to the State Board of Health status of accreditation and appropriate licensing of these facilities.

Mr. Shubert stated that the Health Division would continue to communicate with other boards.

Kathleen Kelly, Executive Director, Nevada State Board of Dental Examiners, stated that AB 123 requirements do not include dentists licensed under Nevada Revised Statutes (NRS) 631. Dentists already have an inspection, evaluation and permitting process in place for those who provide conscious sedation, deep sedation or general anesthesia, in their office. The current definitions the law will be utilizing for conscious sedation, deep sedation or general anesthesia comes from NRS 631 that has defined conscious sedation, deep sedation or general anesthesia. The Board of Dental Examiners is in constant contact with other licensing Boards and the BHCQC.

Dr. Works requested clarification of whether the possibility of an exemption for a physician providing occasional conscious sedation was part of the regulation.

Mr. Shubert clarified for Dr. Works that the statutes allow for that possibility however it does indicate that the medication is only to relieve anxiety or pain and not in a dosage sufficient to induce controlled state of depressed consciousness similar to sedation, pursuant to NRS 449.441, NRS 630.30665(6), and NRS 633.524 (6).

Ms. Barron asked Mr. Shubert his thoughts of why the Board of Medical Examiners wasn't providing oversight on exemptions for physicians.

Mr. Shubert indicated that the Board of Medical Examiners and the Board of Osteopathic Medicine would eventually generate a system to allow exemptions once the Health Division determines which physicians have applied for the license and reconcile with physicians that decided to utilize sedation in office with physicians that have not.

Ms. Barron requested clarification from Mr. Rodriguez whether the Board of Medical Examiners would eventually regulate physicians similar to the Board of Dental Examiners.

Mr. Rodriguez clarified for Ms. Barron that there was no previous discussion with the Board of Medical Examiners concerning exemption since there was no regulatory requirement to address the issue.

Dr. Boris Volshteyn, Sierra Plastic Surgery, spoke in support of the proposed regulation amendments for patient safety and infection control. There was concern however that the definition of conscious sedation was vague and needed additional clarification, whether conscious sedation included patients that were taking oral medications. The definition needs to clarify whether it applies to medications taken in the physician's office or at home.

Dr. Volshteyn's indicated that he was opening a facility designed to provide wound care services. A side effect of wound care treatment is claustrophobia associated with confinement. Claustrophobia could be controlled with a certain degree of sedation. Medical spas and facilities other than physician's offices also provide oral sedation when performing cosmetic procedures in a non-accredited environment. In some cases, oral medications can be prescribed in doses that provide similar effects as oral sedation. Dr. Volshteyn then requested additional definition of what constitutes conscious sedation, and the exempt doses of medication.

Karen Conant, Manager, Women's Care, indicated that she operates facilities in California and Nevada. The California facility was accredited and has been for many years however the Nevada based facility was not since it's a smaller facility. The Nevada facility has policies and procedures are in place, and followed for infection control, the same as the California accredited facility. The facilities are managed by Barton Health Care System, which is an accredited facility. Ms. Conant stated concern regarding costs and some patients delay receiving medical procedures due to affordability. The facility offers procedures at lower costs, when compared to a hospital or surgical center. If physician offices are required to be accredited and licensed, it could cause hardship for smaller facilities. Ms. Conant stated that the facilities she operates seldom uses conscious sedation however are required to pay the same fee as other facilities providing conscious sedation frequently.

Mr. Shubert explained that conscious sedation, deep sedation and general anesthesia were in statutes and the definition could not be changed. The Boards could determine whether to exempt some physician offices from the requirements. Unannounced inspections are provided routinely by the Health Division. Inspection visits were not announced or scheduled so that the surveyor providing the inspection sees in real time how the facility was operating. If inspections were announced, the facility could modify activities or bring in additional staff, and change the normal functions of the facility temporarily. That would be detrimental to the facility and the Health Division. The Health Division works with the facilities. If a treatment is in session the day of an unannounced inspection, the Health Division could return another day. The Health Division would not look at any procedure in process, however would look at the policies in place and interview its staff to ensure awareness of the policies, make observation of procedures in the facility concerning hand washing, use of single-use vials, and sterilization of equipment. The Health Division also determines whether the facility is providing the appropriate procedures in every day operations and ensure the individual providing sterilization of equipment understands the why and how of necessity.

Dr. Homansky stated that a facility providing fewer procedures was of most concern, since problems could occur. Many issues could have been addressed at the public workshops. Dr. Homansky recommended staff to work more effective with small business and alleviate issues, prior to the State Board of Health meetings.

There were no further comments or questions:

MOTION: Dr. Works moved to approve adoption of the proposed regulation amendments to NAC 441A, "Communicable Diseases," LCB File No. R179-09, including the errata, as presented.

SECOND: Dr. Homansky
PASSED: UNANIMOUSLY

COMMENT: Dr. Homansky requested to allow physicians with issues pertaining to the adoption of NAC 441A, LCB File No. R179-09 within six months to one year, may come back to the State Board of Health and address the issues.

Ms. Barron stated agreement with Dr. Homansky's request.

6. Consideration and adoption of proposed regulation amendments to NAC 449, "Medical and Other Related Facilities," LCB File No. R203-09.

Paul Shubert, Health Facilities Surveyor IV, BHQCQ, indicated that NAC 449, "Medical and Other Related Facilities," pertains to national accreditation requirements for the ambulatory surgical centers to become accredited by a nationally recognized organization approved by the Board. These requirements were adopted in NRS by the 2009 Legislature, pursuant to AB 123. The same three organizations that previously appeared in the regulations are still recognized in the amendments however there is new language that allows an opportunity for any other accrediting organization to apply for recognition by the Board. The proposed regulation amendments also require Ambulatory Surgery Centers (ASCs) to provide each report generated by their accrediting agency to be forwarded to the Health Division. Other amendments were proposed and are under consideration of the Legislative Counsel Bureau (LCB) and will be presented at a future State Board of Health meeting. The accrediting organization requirements were split out from the other amendments, to expedite implementation, since the requirements of AB123 require ASCs to submit evidence of accreditation by March 31, 2010.

Mr. Shubert stated that the Institute for Medical Quality asked to be added to the list of approved accrediting organizations. Whereas a representative from the ASC association indicated, there should be a review prior to

approving additional accrediting organizations to the list. The regulations address a process for new accrediting organizations to apply for approval by the Board. This would allow for currently licensed ASCs to continue accreditation with the organizations already approved, yet allows for new organization approval for use in the future.

Mr. Shubert recommended the State Board of Health approve the proposed regulation amendments to NAC 449, "Surgical Centers for Ambulatory Patients," LCB File No. R203-09, as presented.

Mr. Shubert indicated that proposed regulation amendments for, LCB File No. R203-09, pertain to the accreditation requirements of facilities only.

There were no further comments or questions:

MOTION: Dr. Works moved to approve proposed regulation amendments to NAC 449, "Medical and Other Related Facilities," LCB File No. R203-09, as presented.

SECOND: Ms. Barron

COMMENTS: Dr. Ponce' referred to Section 1(a) of the proposed regulation amendments, and requested clarification of whether the Nevada Board of Dental Examiners was an approved accrediting agency. Dr. Ponce' requested to add the Nevada Board of Dental Examiners as an accrediting body.

Dr. Works stated that it may be inappropriate to add an accrediting body however since staff has already gone through the process to recognize other accrediting agencies, the process going forward would allow other agencies to apply. Agencies that apply, would come before the Board for approval at future State Board of Health meetings.

PASSED: UNANIMOUSLY

COMMENTS: Ms. Barron requested clarification of the intent of NAC 449, LCB File No. R203-09.

Mr. Shubert clarified for Ms. Barron that NAC 449, LCB File No. R203-09, were not requirements for the ambulatory surgical centers however physician office regulations would allow other agencies to apply for recognition as a, nationally accredited organization.

7. Election of State Board of Health Vice-Chairman

Richard Whitley, MS, Secretary, State Board of Health, Administrator, Nevada State Health Division, stated that according to the State Board of Health By-Laws the vice-chairman serves as the chair in the chair's absence. The term of vice-chairman is not limited. Dr. Works has served as vice-chairman since October 2008 and was eligible for re-election.

Mr. Whitley opened the floor requesting nominations from the Board, for consideration of vice-chairman.

Ms. Barron nominated Roger Works, DVM, as vice-chairman.

Dr. Homansky seconded the nomination for Roger Works, DVM, as vice-chairman.

Dr. Works consented to the nomination as vice-chairman.

Ms. Osalvo called roll and recorded the Board's vote.

Vote: Dr. Ahmad was absent
Ms. Barron voted for Dr. Works
Dr. Homansky was absent
Mr. Schaefer voted for Dr. Works

Dr. Works voted for Dr. Works

By majority vote among members present, Roger Works, DVM, was re-elected vice-chairman of the State Board of Health.

Mr. Whitley and Ms. Barron congratulated Dr. Works on his re-election as vice-chairman.

8. Informational Items

A. Provide Update and Information Concerning Report of Findings on Psychiatric Hospitals

Jay Kvam, Biostatistician, Bureau of Health Care Quality and Compliance, indicated that the *Report of Findings on Psychiatric Hospitals*, began subsequent to the Hepatitis C events as well as other events in facilities. The Health Division wanted to better understand concerns and issues in the State of Nevada, and enhance the kind of surveillance that's gathered on regular facility types for the public's understanding, and to inform policy makers' decisions regarding regulations and potential future directions of interaction with the health care sectors in Nevada. The psychiatric report was compiled to reach out to the Mental Health Commission.

Mr. Kvam stated that the report consisted of inspection data related to deficiencies. The Report of Findings on Psychiatric Hospitals was broken into two sections,

- 1) Findings by looking across all facilities of a given type confined to all dedicated psychiatric hospitals which included general hospital data that also provided services same as the psychiatric hospitals
- 2) Specific profiles such as, contact information, accreditation status, services provided, inspection records and complaint investigation status.

Mr. Kvam indicated that the predominant three findings found in regard to deficiency inspections over the period, January 1, 2008 to April 14, 2010, were

- 1) Life Safety Code (LSC) violations
- 2) Physical restraint citations
- 3) Combined third place were, appropriate care of patients and construction standards

Most inspections are completed when complaints are filed against a facility. Deficiencies at the state and federal levels by majority, involve state regulation. A majority of the complaints were substantiated. The following three items were complaints filed causing an investigation.

- 1) Issues related to quality of care or quality of treatment
- 2) Issues related to admission, transfer or discharge rights
- 3) Resident, patient or client abuse

Mr. Kvam indicated that Lake Crossing Center had no complaints filed against the facility during the period.

Ms. Schaefer requested clarification of how many patients were treated based on the number of complaints.

Mr. Kvam stated the number of patients was not included in the data used to compile the report

Ms. Barron stated that she had requested to hear from the Administrator of Mental and Health and Developmental Services since there had been two recent deaths at the Southern Nevada Adult Mental Health Services facility, more than one suicide per day in Washoe County and there are 30 to 40 mentally ill individuals waiting in Emergency Rooms (ER) in Clark County around the clock. The average ER wait time for psychiatric patients in Clark County was 72 hours. This attributes to Nevada's health care services ranking at the bottom nationwide. Ms. Barron indicated that it was her understanding that same individuals were seeking treatment at the ER over and over again. Individuals under Medical 2000 wait in the ER for services. There were 20 vacancies at Rawson Neal that were vacant for six months. Last month there were an additional 22 beds closed. There's an average of inpatient census of approximately 162, yesterday an

inpatient census of 176 with 212 available beds. Recently an article in the Las Vegas Sun quoted Dr. Cook saying, "Rawson Neal closed down 22 beds then reduced or relocated staff to adapt to cut backs if these beds were closed down. Yet these beds were closed down long before there were any budget reductions and there has been no reduced or relocated staff from Rawson Neal. The total number of closed beds at Rawson Neal is now at 42. Discussion at the coalition meeting and Nevada State law requires that all involuntary ill individuals must obtain a medical screening prior to admission into a psychiatric facility yet we continually receive information that the Division of Mental Health Services was unable to provide these exams at Rawson Neal Hospital in the psychiatric outpatient unit. The State has psychiatrists available at the POU 24/7 and psychiatrists or medical doctors are fully capable of screening medically ill patients. Additionally, the POU employs physicians who specialize in internal medicine and are also fully capable of medically screening mentally ill patients. There was recently two deaths at Rawson Neal Hospital and another death at an acute care hospital of a patient who waited 63 hours before committing suicide waiting transfer to a private psychiatric hospital. There's a real crisis. Every single day that we have hundreds of patients on a Legal 2000 waiting for transfer to a psychiatric hospital while there's empty beds is not a good report for the State of Nevada.

Ms. Barron indicated that the questions were compiled to assist Dr. Cook with what can be done to improve the situation. It's understood that the Division of Mental Health and Developmental Services staff was working hard to correct issues and they care very much about the situation.

Ms. Barron requested clarification of the number of unduplicated adults received inpatient psychiatric services paid by Nevada, for outside services for psychiatric patients in 2009. Please describe the process.

Dr. Harold Cook, Administrator, Division of Mental Health and Developmental Services (MHDS), clarified for Ms. Barron that no Nevada psychiatric patients are sent to other states for inpatient services. The State will send psychiatric patients to another state for treatment in skilled nursing and residential treatment facilities. Nevada does not pay for psychiatric patients services in another state. We do not send Nevada residents out of state for psychiatric hospitalization.

Ms. Barron requested clarification of the number of suicides in Clark County in the year 2009.

Dr. Cook indicated that data concerning suicides in the State of Nevada was forthcoming. The latest data report was for calendar year 2006. For calendar year 2006, there were 304 suicides in Clark County.

Luana Ritch, Chief, Bureau of Health Statistics, Planning & Emergency Response, stated that the Office of Vital Records was undergoing transformation to electronic record reporting and was in the process of completing reports that would be published for 2007 statistics births and deaths, and the preliminary 2008 death reporting was pending receipt from the National Center for Health Statistics. The Office of Vital Records anticipated that by the end of 2010, all the vital record data reports would be current and disseminated. The State Biostatistician would provide Ms. Barron with preliminary death data covering, through 2008. The data for 2009 would not be available until a later date in 2010.

Ms. Barron requested clarification from Dr. Cook what the average wait time was in the ER per psychiatric patient, unduplicated, each month for the 12-month period ending, May 31, 2010.

Dr. Cook indicated the legal hold-time for a psychiatric patient was 72 hours. The data collected was based on time the ER contacts SNAMHS psychiatric observation unit and indicated that a person has been medically cleared for transfer to a facility. The ER wait time ranged from approximately, 40 hours to 90 hours from the time a psychiatric hospital was contacted until the time an individual arrived at the psychiatric facility. Wait time was unknown for individuals waiting for transport clearance with no way of collecting that information. For May 2010, the average wait time, from the call to the ER, to Rawson Neal Hospital, to the time an individual was delivered to a psychiatric facility, was 62 hours. Currently, the number ranged from 41 hours to 62 hours. Inpatient census was 175, with 95 individuals waiting in ER, as of 8:00 a.m. today; of the 95 individuals, three have been medically cleared for transport to a psychiatric facility. It could take up to three days for the three patients cleared for transport, to actually be transported to Rawson Neal Hospital.

Ms. Barron requested clarification of why patients couldn't get medical clearance to Rawson Neal Hospital with a POU rather than waiting at the ER.

Dr. Cook clarified for Ms. Barron that more staffing was needed however funding sources were not available at this time. The MHDS mission was, to provide services for the indigent. Most individuals at Rawson Neal Hospital have no ability to pay for services. Services provided at the ER would determine whether the individual on a Legal 2000 had insurance.

Ms. Barron requested Dr. Cook to provide the number of patients readmitted to Rawson Neal Hospital, the number of individuals discharged each month, and the number of these patients readmitted.

Dr. Cook indicated that over the last 12 months 3, 277 individuals were discharged from Rawson Neal Hospital. The readmission rate over a 12-month period, ending March 2010, with a thirty day readmission rate since discharge ranged from 11% to 21.5%.

Ms. Barron requested clarification of the policy at Rawson Neal Hospital the amount of time after a patient discharge that the treating physician must complete a discharge summary.

Dr. Cook clarified for Ms. Barron that the MHDS policy of discharge summaries by treating physicians was based on Medicaid and Medicare standards, three days. If a discharge summary was not completed within three days, it was noted.

Ms. Barron stated that although MHDS had met with ER personnel in Clark County it appeared a resolution was not found to resolve wait time and patient transfer issues. Ms. Barron then requested clarification of any ideas Dr. Cook had for a solution.

Dr. Cook indicated that one solution was to access resources that could provide medical clearance. Proposals were made but have not been funded. MHDS also works with local communities for other possible solutions in lieu of appropriate funding. These discussions have inspired some detailed planning however have not moved forward for lack of funding.

Ms. Barron requested clarification of the lead staff turnover rate at Rawson Neal Hospital.

Dr. Cook clarified for Ms. Barron that lead staff position pay was less than other sources, and was not unusual to have high turnover rate in those positions. MHDS intends to fill the positions of Medical Director and hospital Administrator with individuals having qualified training and experience, and help stabilize the facility.

Ms. Barron requested clarification of MHDS plan to ensure facility staff can follow physician orders and prevent incident of any kind.

Dr. Cook indicated that MHDS initiated a plan of correction, provides staff training and provides additional supervisory oversight of staff and procedures. The Director of Nursing was assigned oversight duties to ensure staff was fully aware of each appropriate responsibility.

Ms. Barron requested clarification of whether State Medicaid benefits ended for a mentally ill patient in a correctional facility.

Dr. Cook referred Ms. Barron to State Medicaid in lieu of an answer to her question. When an individual is released from jail, psychiatric benefits are provided for any individual that qualifies.

Ms. Barron requested clarification whether psychiatrists provide treatment in the ER.

Dr. Cook clarified for Ms. Barron that the mobile crisis team consists of social workers and nurses, no physicians. The mobile crisis team works with ER to determine where individuals were waiting and visits daily. The primary function was to assist ER staff in providing triage. The only facility in Las Vegas not participating in this process was, University Medical Center (UMC). UMC has psychiatric staff.

Ms. Barron requested clarification of what percentage the MHDS budget appropriated for Clark County.

Dr. Cook clarified for Ms. Barron that the legislatively approved budget in 2009 for SNAMHS was approximately \$80-\$85M; approximately 60-70 percent of the total MHDS budget.

B. Presentation of the 2009 Annual Sentinel Event Summary Report

Jay Kvam, Health Program Specialist, Bureau of Health Care Quality and Compliance, stated that the 2009 Annual Sentinel Event Summary Report was in response to NRS 439.843, passed in the 2009 Legislative Session. The intent was to create a summary of sentinel event information that facilities provided to the Health Division for that year. The report does not consist of actual sentinel event activities.

Mr. Kvam then provided an overview of the 2009 Annual Sentinel Event Summary Report. The 2009 Annual Sentinel Event Summary Report may be found on the Health Division website at, <http://health.nv.gov/PDFs/sentineleventssummaryannualreport>.

9. Reports

A. Chairperson – Frances Barron

Frances Barron, Chairperson, indicated that she would meet with Health Division Administration and determine whether an interim State Board of Health meeting was necessary for adoption of proposed regulation amendments.

B. Marena Works, Director, Carson City Health and Human Services

No report was provided.

C. Mary Anderson, MD. MPH, District Health Officer, Washoe County Health District

Mary Anderson, MD. MPH, District Health Officer, Washoe County Health District, indicated that the WCHD produced a report concerning smoke-free being profitable for Washoe County apartment owners. The apartment tenants expressed a preference to live in smoke-free environments. More than 300 residents were included in the survey. Those in favor of smoke-free environments in apartment buildings included: 73% preferred smoke-free buildings and 70% preferred to live in a non-smoking building. An apartment building owner may be more likely to attract tenants if the apartment building is a smoke-free building. Even 15% of smokers indicated preference to live in a smoke-free apartment building.

Dr. Anderson provided a, "*Smoke-Free is Profitable*" brochure that included the following resources:

- <http://GetHealthyWashoe.com>: A local resource for apartment managers, landlords, and owners considering adopting a smoke-free apartment policy.
- <http://www.smokefreeapartments.org>: A national smoke-free apartment registry.

D. Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District

Dr. Sands provided a written report. Following is a summary of Dr. Sands report.

On May 3, 2010, a district court judge issued a permanent injunction to a food establishment that asserted ashtrays and matchbooks with the company logo were a product of commercial free speech and could not be banned under the provisions of the Nevada Clean Indoor Air Act (NCIAA). The establishment also challenged the definition of smoking paraphernalia and had been distributing items such as condiment cups to patrons to use as ashtrays. The permanent injunction states that the defendant "shall keep all ashtrays and matches from the area where smoking is prohibited, shall cease to provide ceramic cups, shot glasses, or other items to be used as ash receptacles, and shall inform smoking customers that smoking is not permitted."

The Safe Injection Practices Coalition (SIPC) launched a new 10-minute education video for U. S. health care providers. The video targets health care providers who regularly administer or supervise injections. Information provided in the video is based on evidence-based and common sense safe injection practices from the Centers for Disease Control and Prevention (CDC). The video is part of the *One & Only Campaign*, a national public health education and awareness initiatives developed by the SIPC. SIPC is comprised various patient advocacy organizations, foundations, provider associations (including the Nevada State Medical Association) and industry partners, and works with CDC to halt disease transmission caused by unsafe injections practices in health care facilities. The video can be view on the "One & Only Campaign" website at www.oneandonlycampaign.org.

Vector control activities related to mosquito respond, control and surveillance activities were originally transferred to the Southern Nevada Health District (SNHD) from the county in 2005 and funded through a five year interlocal agreement between the two agencies. The county decided not to extend the agreement after expiration and as a result, the health district is no longer funded to perform mosquito control-related activities. In response, the SNHD is working with each jurisdiction to develop a transition plan in order to organize a county-wide program and ensure important public health activities related to mosquito control continue through the remainder of 2010. The SNHD vector control staff will continue to conduct mosquito surveillance and disease testing. It is SNHD intent to ensure a community-wide surveillance plan is coordinated with each jurisdiction. Pending the availability of grant funds, surveillance may become a "fee for service" activity in 2011.

The SNHD was promoting early back to school immunizations. Immunizations would be available Monday-Friday, between 8:00 a.m. and 4:30 p.m. at all of its public health centers. Parents must bring immunization records. Children with no records would begin the immunization sequence from the beginning. An administrative fee of \$16 per patient for one immunization or \$25 per patient for two or more immunizations would be collected. Some vaccines may require an additional fee. For more information, please contact the SNHD immunization office at (702) 759-0850 or visit www.SNHD.info.

Beginning Thursday, June 24, the SNHD would hold a monthly immunization clinic at the Boys & Girls Club/James Clubhouse on the fourth Thursday of each month between 10:00 a.m. and 2:00 p.m., 2530 E. Carey, North Las Vegas, 89030.

Information concerning recreational water illnesses and prevention is available at the Center for Disease Control and Prevention's Healthy Swimming website at, www.cdc.gov/healthyswimming, and the Environmental Protection Agency's beaches website at, www.epa.gov/beaches.

E. Environmental Commission

Ms. Barron indicated that the Environmental Commission (EC) met on June 17, 2010, however was unable to attend. Topics for discussion were, air quality violations, safe drinking water adoption by federal reference, regulations regarding air pollution control, and alternative fuels in fleets. The EC has a very good website, found through the Department of Conservation and Natural Resources, State Environmental Commission. Updates concerning the EC would be provided at a later date.

F. State Health Officer, Tracey D. Green, M.D.

Dr. Green stated that with the implementation of AB 123, it's the intent of the Health Division to work with the physicians in the first year of transition. The Health Division would provide physicians with some tools used for inspections, would work with them and determine who would qualify. Additionally, provide assistance with development of policies.

10. Public Comment and Discussion

With no further comments, Ms. Barron adjourned the meeting at 1:00 p.m.